

PTO/BB/21 (05-03)
 Approved for use through 04/30/2003. OMB 0851-0031
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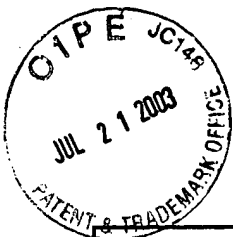
<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	09/556,945	
	Filing Date	April 21, 2000	
	First Named Inventor	James D. Marks	
	Art Unit	3626	
	Examiner Name	Robert W. Morgan	
Total Number of Pages in This Submission	36	Attorney Docket Number	3042/0G956US0

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DARBY & DARBY P.C. Cheryl Milone Bab; Reg. # 43,480
Signature	<i>Cheryl Bab</i>
Date	July 18, 2003

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07-03-03

09/556945

3626

Application No. (if known): 09/556,945


Attorney Docket No.: 3042/0G956US0

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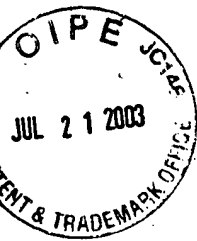
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Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Check # 2068 for \$1,110.00; Amendment (31 pgs.); Petition for Extension Time (1 pg.); Check # 2069 for \$465.00;.



PTO/SB/17 (05-03)

Approved for use through 04/30/2003, OMB 0651-0032
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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2003</h2> <p style="text-align: center; font-size: small;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	09/558,945
		Filing Date	April 21, 2000
		First Named Inventor	James D. Marks
		Examiner Name	T. Morris
		Art Unit	1771
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	3042/0G958US0
TOTAL AMOUNT OF PAYMENT (\$) 984.00			

METHOD OF PAYMENT (check all that apply)

Check
 Credit Card
 Money Order
 Other
 None

Deposit Account

Deposit Account Number: **04-0100**

Deposit Account Name: **Darby & Darby P.C.**

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1806	1,840*	1806	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	930.00
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a new use proceeding	
1452	110	2452	55	Petition to revive - unready-to-examine	
1453	1,300	2453	650	Petition to revive - unintentionally abandoned	
1501	1,300	2501	650	Utility issue fee (or release)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(d)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3)	(6) 465.00

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(5) 0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	148	-62** =	86	x	9.00	=	774.00
Independent Claims	11	-3** =	8	x	42.00	=	336.00
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependant claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(5) 1110.00	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Cheryl Milone Bab	Registration No. (Attorney/Agent)	43,480
Signature	<i>Cheryl Bab</i>	Telephone	(212) 527-7700
		Date	July 18, 2003

Express Mail Label No. EV 340066896US Dated: 7/21/03